

# \* Notice of Privacy Practices

## NOTICE OF PRIVACY PRACTICES

### PLEASE REVIEW THIS NOTICE CAREFULLY

This Notice describes how we may use and disclose personal information about you and your health, referred to as Protected Health Information ("PHI"), in accordance with the Health Insurance Portability and Accountability Act and its implementation regulations ("HIPAA"), Florida Law, and the *National Association of Social Workers Code of Ethics*. It also describes your rights to accessing and controlling your PHI.

We are required by law to abide by the terms of this Notice, maintain privacy of PHI, and provide you with notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the terms of this Notice at any time, and any new Notice will be effective for all PHI maintained at that time.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**For Treatment.** Your PHI may be used and disclosed to provide, coordinate or manage your health care treatment and related services, including when we consult with your other healthcare providers. In addition, we may consult with professional colleagues to provide you with the best care possible, in which case no personally identifiable information will be disclosed without your prior authorization.

**For Payment.** We may use and disclose PHI to receive payment for services provided you, including to determine your insurance coverage and to support claims for payment submitted to your insurance company.

**For Health Care Operations.** We may share your PHI with third parties to perform various business activities, for example, billing services and appointment reminders, provided the third party is contractually obligated to likewise safeguard the privacy of your PHI.

**Required by Law.** We are required to disclose your PHI to you upon your request. We must also make disclosures to the Secretary of the Dept. of Health and Human Services as required for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**DISCLOSURE OF PHI WITHOUT YOUR CONSENT OR AUTHORIZATION:** Your PHI may be disclosed without your consent or authorization in the following situations:

- **Child or Vulnerable Adult Abuse or Neglect.** We are required by law to report to Florida Department of Children and Families ("DCF"), any known or suspected incidents of child abuse, abandonment, or neglect, as well as known or suspected abuse, neglect, or exploitation of elderly or disabled adults.
- **Serious Threats to Health or Safety.** When there is a clear and immediate probability of physical harm to you or others, we must communicate PHI to law enforcement or other appropriate authorities, appropriate family members, or potential victims, as necessary to prevent serious harm to you and others.
- **Judicial and Administrative Proceedings.** If we receive a subpoena requesting your PHI, we will generally only produce such information upon your written consent, however, we may be required to disclose information without your consent when required to do so by a court or administrative order. If you file a

worker compensation claim *based on your mental status*, we may be required to provide PHI *without your consent* to your employer, employer's insurance carrier, and/or their attorneys.

- **Health Oversight.** If required by law, we may disclose PHI in response to a mandatory government agency audit or investigation, disciplinary proceedings, and other administrative actions needed to oversee the health care system.

We may be required or permitted by law to make additional disclosures of PHI without your consent or authorization, however, the above situations are the most common.

**With Your Authorization.** Other uses and disclosures not specifically permitted or required by law will be made only with your written authorization, which may be revoked at any time, except to extent we have already used or disclosed PHI based upon your authorization.

**YOUR RIGHTS REGARDING YOUR PHI:** You have the following rights regarding your PHI. To exercise these rights, please submit your request in writing to our Privacy Officer, Audrey Anspach, at 10 Fairway Drive, Suite 100-H, Deerfield Beach, FL 33441.

- **Right of Access to Inspect and Copy.** You have the right to inspect and receive copies of your PHI maintained by us by making a request in writing. Your right to inspect and copy PHI may be restricted in situations where there is compelling evidence that access would cause serious harm to you, in which case you will be provided with a summary report of your treatment. We will charge a reasonable, cost-based copy fee.
- **Right to Amend.** If you feel your PHI in our possession is incorrect or incomplete, you may ask us to amend the information although we are not required to do so. If we deny your request to amend, you have the right to file a statement of disagreement with us. Please contact the Privacy Officer if you have questions.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we make of your PHI. Such a list does not include disclosures made to carry out treatment, payment, and health care operations.
- **Right to Request Restrictions.** You have the right to request we restrict or limit use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless it is to restrict disclosure to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care service you paid for out of pocket.
- **Right to Request Confidential Communication.** We will accommodate your reasonable requests that we communicate with you about health matters in a certain way or at a certain location. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## COMPLAINTS

If you believe we have violated your privacy rights, please notify our privacy officer. You can also submit a written complaint to the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. We will not retaliate against you for filing a complaint.

#### **RECEIPT AND ACKNOWLEDGMENT OF NOTICE**

My signature below acknowledges I was given an opportunity to read this Notice of Privacy Practice in its entirety. I understand if I have questions regarding this Notice or my privacy rights, I can contact Privacy Officer Audrey Anspach at (954) 803-0960.